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Bib Data Sheet

CONFIRMATION NO. 6657

SERIAL NUMBER 09/865,950	FILING OR 371(c) DATE 05/25/2001 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. PC10925A
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APPLICANTS

Manoussos Perros, Kent, UNITED KINGDOM;
 David Anthony Price, Kent, UNITED KINGDOM;
 Blanda Luzia Christa Stammen, Kent, UNITED KINGDOM;
 Anthony Wood, Kent, UNITED KINGDOM;

**** CONTINUING DATA *******

This appln claims benefit of 60/214,587 06/27/2000
 and claims benefit of 60/219,202 07/19/2000

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 0015835.2 06/27/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/16/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 0	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 8
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

28940

TITLE

TROPANE DERIVATIVES USEFUL IN THERAPY

FILING FEE RECEIVED 1470	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 6657

SERIAL NUMBER 09/865,950	FILING DATE 05/25/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. PC10925A
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APPLICANTS

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David Anthony Price, Kent, UNITED KINGDOM;
Blanda Luzia Christa Stammen, Kent, UNITED KINGDOM;
Anthony Wood, Kent, UNITED KINGDOM;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/214,587 06/27/2000
AND CLAIMS BENEFIT OF 60/219,202 07/19/2000

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 0014046.7 05/26/2000
UNITED KINGDOM 0015835.2 06/27/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/16/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

Paul H. Ginsburg
Pfizer Inc.
235 East 42nd Street, 20th Floor
New York, NY 10017-5755

TITLE

Tropane derivatives useful in therapy

FILING FEE RECEIVED 1326	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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